

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/171045</u>	FILING DATE
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	
2	/					52	
3	/					53	
4	/					54	
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44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	4					TOTAL IND.	
TOTAL DEP.	3	↓	↓	↓		TOTAL DEP.	↓
TOTAL CLAIMS	7	[REDACTED]	[REDACTED]	[REDACTED]		TOTAL CLAIMS	[REDACTED]

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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